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File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organ	nization)	1_	48
Carlson for Supervisor Committee			FORM
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2 (4)County Central Committee (5)County Candidate (6)City Candid Subdivision Candidate (8)County PAC (9)City PAC (10)School B 11) Local Ballot Issue	ate (7) School Board or Other Political	(F	DR-2 Rev. 07/2007) DISCLOSURE REPORT OF Office Use Only Domm. # / SOG/
CANDIDATE COMMITTEES ONLY: Candidate Name Mickey Carlson Office Sought Dallas County Board of Supervisors	Political Party (if applicable) Democrat District (if Senate or House)	Sc	ogged In canned omputer/// udited
Late reports are subject to possible civil and criminal penalties. Pursuant SIGNATURE OF PERSON FILING REPORT	(515) 267-035 TELEPHONE		
I AM FILING A January 1, 2007 to December 31, 2007	REPORT FOR (1) ELECTION	/(<u>2)N</u> ON-I	ELECTION YEAR.
(report date)	Indicate by #	2	
CHECK IF AMENDMENT TO REPORT DATED		Local Com	mittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	11-7-06 County & L which Elect Dallas C	ocal Committees, enter County in ion is held county
STATEMENT OF CASH ON HAND		•	
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the call of the last reporting period or must be zero if this is first	ach on hand at the and	\$	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedul	le A) (*also see in-kind below)		100.00
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)		
(Schedule H applies to Candidates' Comm	ittees Only)		
	SUB-TOTAL	\$	100.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (Schedule F: Loan Repayments total (Attach Schedule	•		100.00
CASH ON HAND at the end of this reporting period (if final repo	•		0.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)		•	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	•	•	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	eF)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YESNO
CANDIDATE COMMITTEES ONLY:	h O-h - d. d - 1 IV	_	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack		\$	
STATE COMMITTEES: Submit a reconciled campaign account			

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
 _	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
Carlson for Supervisor Committee	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	000				
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/6/07	ID#	Jan K. Richardson		\$100.00	
170707	CK# ₂₅₆₂	7 Brookside Place Durham, NC 27705			L
	ID#	·			
	CK#		•		
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			SUB-TOTAL	\$ 100.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

100.00

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		1	
l .	r Supervisor Comm		!		
DATE EXPENDED (MM/DD/YR)	CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)		AMOUNT EXPENDED
2/5/07	ID# ₁₈₀₉₁ CK#1007	Mickey Carlson 28135 J Avenue Adel, IA 50003	Reimbursement to the campaign expenses p the candidate	e candidate for paid directly by	\$ 100.00
	ID#				
	CK#			ı	
	ID#				
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	CK#				
				SUB-TOTAL	\$ 100.00
			TOTAL (if last page		\$ 100.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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